GAD FORM X-3A (REV. 11/87)

## STATE OF MARYLAND INDIVIDUAL REQUEST FOR OUT-OF-STATE TRAVEL

AUTHORIZATION NUMBER

			APPROPRIATION NUMBER (Agency PCA)  APPROPRIATION NUMBER (Agency PCA)			
AGENCY PAYING FOR TRAVEL (If Different From Above)						
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NAME OF OFFICIAL OR EMPLOYEE		TITLE	TITLE		SOCIAL SECURITY NUMBER	
DESTINATION:		·	DATE:	DEPART	RETURN	
PURPOSE OF TRAVEL:			· 			
METHOD OF TRAVEL:	☐ STATE CAR ☐ PRIVATE CAR	R 🗌 BUS 🗆	TRAIN 🗆 /	AIRPLANE		
ESTIMATED COSTS:	AIRFARE			N.		
	LODGING					
	MEALS					
	REGISTRATION FEES	<del></del>				
	CAR RENTAL					
	OTHER TRANSPORTATION					
	OTHER					
	TOTAL					
HEREBY RECOMMEND APPRO	VAL FOR TRAVEL REQUESTED HEREIN, AND CERTIF	FY THAT APPROPRIATE F	UNDS HAVE BEEN ALLO	OWED THEREFORE.		
	DEPARTMENT/AGENCY HEAD OR DE	SIGNEE			DATE	
FOR OUT-OF-COUNTRY	TRAVEL TO CONVENTIONS, CONFEREN	NCES, SEMINARS, (	OR TRAINING, THE	FOLLOWING MUST	BE COMPLETED.	
OUT-OF-COUNTRY TRAVEL						
APPROVED:						
	SECRETARY OF BUDGET MANAGE	GEMENT				

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